

**CANDIDATE OATH -
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

RECEIVED

2018 APR 16 AM 10:20

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Harry King

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the judicial office of County Court Judge, 11th,
(Office) (District #) (Circuit #)

41 ; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(Group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 109080092

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

LA-REE KING

X Lawrence D. King (305) 252-5850 LKing@Jud11.FlCourts.org
Signature of Candidate Telephone Number Email Address

Address City State ZIP Code

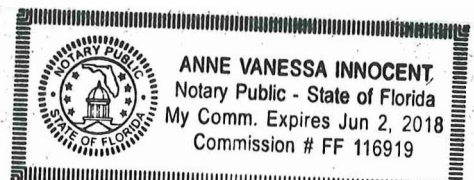
STATE OF FLORIDA
COUNTY OF Miami-Dade

Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 16th
day of April, 2018.

Personally Known: _____ or Produced Identification:

Type of Identification Produced: Florida Driver License



FORM 6

FULL AND PUBLIC DISCLOSURE

2017

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
KING LAWRENCE DANIEL

MAILING ADDRESS:
SOUTH DADE JUSTICE CENTER

10710 S.W. 211th Street

CITY : CUTLER BAY, FL ZIP : 33189-2834 COUNTY : MIAMI-DADE

NAME OF AGENCY :
11th JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COUNTY COURT JUDGE *Group 41*

CHECK IF THIS IS A FILING BY A CANDIDATE

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 ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 2017 was \$ 188,083.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 195,600.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Deferred Compensation Plan - State of Florida	\$ 117,774.00
Personal Residence - [REDACTED]	\$ 607,000.00
Iberia Bank - Miami, Fl. - (Personal Checking Account)	\$ 4,613.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
USAA FEDERAL SAVINGS BANK, 19750 McDermott Freeway, San Antonio, TX 78288	\$ 18,646.00
G.M. FINANCIAL (Auto Loan), P.O. Box 78143, Phoenix, AZ 85062	\$ 18,791.00
SOFI LENDING CORP., One Letterman Drive, Building A, Suite 4700, San Francisco, CA 94129	\$ 45,756.00
STATE OF FLORIDA - Deferred Compensation Plan - T. Rowe Price, PO. box 17349, Baltimore, MD 21207-4240	\$ 29,459.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nationstar Mortgage N/K/A Mr. Cooper, P.O. Box650783, Dallas, TX 75265	\$ 376,754.00
Bank of America, P.O. Box 5080, Hartford, CT 06102-5080	\$ 52,031.00
Greenstreet Partners, 2601 S. Bayshore Drive, Coconut Grove, FL 33133	\$ 135,000.00

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
CONTROLLER - STATE OF FLORIDA	200 East Gaines Street, Tallahassee, FL 32399	\$ 137,247.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 ELECTORALS DEPARTMENT

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 10th day of

APRIL, 2018, by LAWRENCE D. KING

Carmen S. Hernandez
 (Signature of Notary Public—State of Florida)

CARMEN S. HERNANDEZ
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Notary Public - State of Florida
 Commission # GG 113908
 Expires Jun 12, 2021
 Bonded through National Notary Assn.

Personally Known OR Reduced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, McHenry Hamilton, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

McHenry Hamilton CPA
 Signature

4-11-2018
 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

ADDENDUM

PART C – LIABILITIES (as of December 31, 2017)

(LIABILITIES IN EXCESS OF \$ 1,000.00)

<u>NAME AND ADDRESS OF CREDITOR</u>	<u>AMOUNT OF LIABILITY</u>
SpaceCoast Credit Union 13793 South Dixie Highway Miami, FL 33176	\$ 11,686.00
Prosper P.O. Box 7520 Tempe, AZ 85281-9998	\$ 31,900.00

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7415285

RECEIVED FROM Larry King

DATE 4 / 16 / 18
MONTH DAY YEAR

ADDRESS 9485 Sunset Drive Suite A 280
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33173 ZIP

CHECKS \$ 5520.80

AMOUNT OF: Five thousand Five Hundred Twenty DOLLARS, AND 80 CENTS

TOTAL \$ 5520.80

FOR PAYMENT OF: Qualifying Fee - County Court Judge Group 41

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT

DEPT.: Elections By: [Signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JUDGE LARRY KING CAMPAIGN ACCOUNT

63-964/670

1012

9485 SUNSET DR SUITE A 280
MIAMI, FL 33173

April 11, 2018
date

Pay to the order of Miami - Dade County \$ 5520.80
Five Thousand Five Hundred Twenty & 80/100 dollars

Sabadell United Bank



County Court Judge Group 41
for Qualifying Fee

[Signature] MP

⑆067009646⑆ 1000016923⑆ 1012

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ELECTIONS DEPARTMENT